



## PURCHASE ORDER

<b>State Agency:</b>		<b>Date:</b>		<b>P.O. Number:</b>	
<b>Vendor Name:</b>		<b>Delivery Date:</b>		<b>RFQ Ref No. (if applicable):</b>	
<b>Vendor Address:</b>		<b>Contact Person:</b>		<b>Payment Terms:</b>	
<b>Vendor Phone:</b>		<b>Vendor Fax:</b>		<b>Vendor E-mail:</b>	

<b>Deliver Items To:</b>		<b>Bill To:</b>	
--------------------------	--	-----------------	--

Item No:	NIGP Code:	Description:	Qty/Unit:	Unit Price:	Total Price:

<b>Division Director:</b>	<b>Division Procurement Personnel:</b>	<b>Agency Procurement Officer:</b>
<b>Account:</b>	<b>Organization:</b>	<b>Tax ID Number:</b>
<b>Other:</b>		
<input type="checkbox"/> Agency Contract <input type="checkbox"/> Construction, PW, A&E <input type="checkbox"/> Exempt <input type="checkbox"/> Intergovernmental Agreement <input type="checkbox"/> Mandatory <input type="checkbox"/> Open Market Purchase <input type="checkbox"/> Sole Brand <input type="checkbox"/> Sole Source <input type="checkbox"/> Statewide Contract and Releases		